**Below are examples of the expenses related to training. Please make sure you show all expenses on the ITA Program Expense Sheet – Thank you!**

Application/Registration Fee(s)

Background Check

CPR Credential (if required)

Drug Screening

FDLE Screening

Fingerprinting

Graduation Fee(s)

Graduation Pin (Nursing)

Insurance (i.e. Accident, Liability, Student, Malpractice, etc.)

Lab Fees

MVR (if required)

Seat Deposit

Support Services (required for training)

Tuition

Books: All textbooks/workbooks required for training. Please show by name and individual cost in the space provided, or attach a separate list.

Exam Fee(s): Any medical or dental exams, inoculations, etc., required for training. Please show by name and individual cost in the space provided, or attach a separate list.

Supplies: Materials and supplies, tools, stethoscopes, pins, watches, holsters, ammunition, kits used for (i.e. Nursing) training. Please show by name and individual cost in the space provided, or attach a separate list.

Uniforms: Special required clothing, shoes, caps, belts, patches. Please show by name and individual cost in the space provided, or attach a separate list.

Test/

Certification

Fees: Test, pre-test, license and/or certification testing fees – i.e., NCLEX, CDL – and other associated testing costs. Required CDL Endorsements. Please show by name and individual cost in the space provided, or attach a separate list.

**IMPORTANT!**

CareerSource Research Coast **cannot** pay for 3rd party providers/suppliers; however, CareerSource Research Coast **may** reimburse training providers for purchases made for a student – up to the current CareerSource Research Coast ITA cap\* - if purchases are required for program completion.

Please identify **all** program costs on the Program Information/Expense Sheet and indicate whether your organization **will** or **will not** purchase on behalf of the student and subsequently bill CareerSource Research Coast.

\* Contact CareerSource Research Coast for details

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Institution** |  | | | | | | | | | | |
| **Program Name**  (as listed in catalog) |  | | | | | | **Course Number,**  if applicable | |  | | |
| **Campus Location(s) for this Program** |  | | | | | | | | | | |
| **SOC Information** | **Occupation** (as identified on our Demand Occupations List (DOL). Occupations not on this list will not be considered. | | | | | **SOC Code** | | | | **High Skill/High Wage Occupation?**  (from the CSRC DOL) | |
|  | | | | |  | | | | Yes  No | |
| **Program Description**  Please provide a brief overview |  | | | | | | | | | | |
| **Name/Type of Degree or Certified Awarded** | | |  | | | | | **Pell Approved** | | | Yes  No |
| **Can Credential be stacked with other credentials for a career ladder?** | | | | Yes  No | | | | | | | |
| **If yes, please identify other credentials** | |  | | | | | | | | | |
| **Program Length (number of weeks, months, credit hours, clock/contact hours)** | | | | |  | | | | | | |

**TRAINING COSTS: SHOW ALL**

| COSTS MUST BE ITEMIZED: Please refer to the Expense Detail list to ensure all expenses are shown. IMPORTANT! PLEASE NOTE that CSRC cannot pay 3rd party providers/suppliers, but can reimburse the Training Provider for expenses paid on behalf of the student up to the current ITA cap for the program/occupation. **Please show ALL costs associated with this program and indicate if cost will or will not be paid by you, the training provider, and billed to CSRC.** | **Training Provider pays/will pay and will bill (indicate yes or no)** | | | **For CSRC Use Only**  **Allowable?** | |
| --- | --- | --- | --- | --- | --- |
| **Training-related item/cost (see expense details to ensure all costs are shown)** | **Cost** | **Y** | **N** | **Can Pay** | **Cannot Pay** |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
| **Books (itemize by title and individual cost or attach separate list)** | | | | | |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
|  | $ |  |  |  |  |
| **Medical exams required for training (itemize by type/name and individual cost)** | | | | | |
|  | $ |  |  |  |  |
| **Supplies (itemize and show individual cost or attach separate list)** | | | | | |
|  | $ |  |  |  |  |
| **Uniforms (clothing, shoes, caps, belts, etc. (Itemize and show individual cost or attach separate list)** | | | | | |
|  | $ |  |  |  |  |
| **Test/Certification Fees (Itemize and show individual cost or attach separate list)** | | | | | |
|  | $ |  |  |  |  |
| **TOTAL COST OF TRAINING (includes all costs)** | $ |  |  | **Can Pay** | **Cannot Pay** |
| **TOTAL AMOUNT(S) CSRC CAN PAY (\* UP TO ITA CAP) AND CANNOT PAY** | | | | $ | $ |

Note: CSRC **cannot pay costs incurred prior to the first day of class** even if training provider indicates costs can/will be billed to CSRC as a “fee”.